



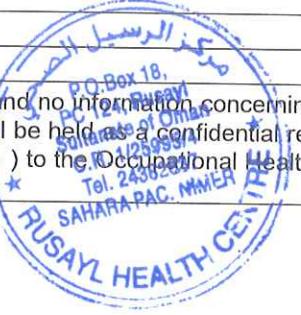
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 748350		Home/Leave Address: Bangladesh		Surname/Forenames Mohammed Abbas	
Personal Details 289		DOB 10/03/1993		Nationality Hossain, Bangladesh, Reference Indicator: Truckman	
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)		Company Number: 2025	
Home/Leave Address:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		No of Children:	
Reason for Examination (tick as appropriate)					
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>		Other Reason: <input type="checkbox"/>	
Employee only					
B Present Job and Location: Helper		Next Job and Location: NIMR			
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.					
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe					
		N	Y	Description	
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?					
1	Ear, nose, eye or throat problems				
2	Chest problems like asthma, bronchitis, other bad cough				
3	Heart abnormality, chest pains				
4	Abdominal pains, abnormal bowel motions				
5	Urogenital problems (kidney disease, menstrual disorder)				
6	Skin trouble or allergies				
7	Epileptic fits, dizzy spells or migraine				
8	History of mental illness, depression anxiety				
9	Diabetes, thyroid disease				
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia				
11	Any history of accidents or fractures				
12	Have you had any serious allergies				
13	Do any dependants have a significant ongoing illness?				
14	Any family history of cancers				
Do you take any regular medicines, or have you taken in the past?					
Do you smoke? If yes, what and how much each day?					
Do you drink alcohol? If yes, what is your average weekly intake?					
Have you ever taken elicited/recreational drugs?					
Are you doing regular sports or physical activities? <input checked="" type="checkbox"/>					
STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.					
19/02/2022		MOABBAS		 <p>SAHARA PAC. NUMBER 1128959 Tel. 24362000 Box 18, P.O. Box 18, Bawali Sohar, Oman</p>	
Date: 19/02/2022		Signature of Applicant: MOABBAS			

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION										
N	A											
	1. Eyes & Pupils											
	2. E.N.T.											
	3. Teeth & Mouth											
	4. Lungs & Chest											
	5. Cardiovascular System											
	6. Abdo. Viscera											
	7. Hernial Orifices											
	8. Anus & Rectum											
	9. Genito-urinary											
	10. Extremities											
	11. Musculo-skeletal											
	12. Skin & Varicose Vns.											
	13. C.N.S.											

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE minns.	HEARING L R	HEARING R L	VISION DISTANT Uncorrected Corrected	VISION NEAR R L
166	59	21	126/90	68	Normal Normal	Uncorrected Corrected	6/6	6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis			7. Audiogram
✓	2. Hb, Bloodcount, ESR			8. Lung Function
✓	3. LFT, RFT, RBS			9. Chest X-Ray
✓	4. Drug Screen			10. ECG
✓	5. Lipids (40 years +)			11. CVS risk for 40 yrs. & above
✓	6. Sickle Cell test			12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

NAD

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

19/02/2022 DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10942

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

